



**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

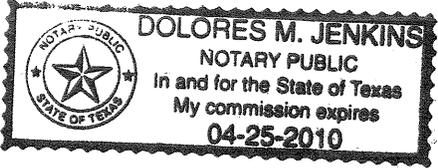
<b>15 C/OH NAME</b> Richard "Rick" Olivo	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input checked="" type="checkbox"/> <b>GENERAL</b>	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> <b>SPECIFIC</b>	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

09 APR -9 AM 7:50  
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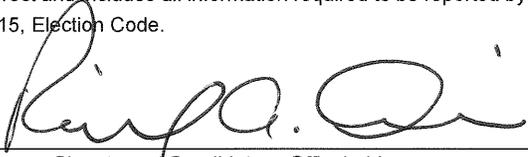
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	225.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,560.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	1,396.15
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,542.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard "Rick" Olivo, this the 9<sup>th</sup> day of April, 20 09, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Dolores M. Jenkins

 Print name of officer administering oath

Notary

 Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>6</b>	
2 FILER NAME Richard "Rick" Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dick Poe</b> 6 Contributor address; City; State; Zip Code 6501 Montana Ave., El Paso, TX 79925	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Auto Sales		10 Contributor's job title Auto Dealer	
11 Contributor's employer/law firm Poe Group		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Liza Whitten</b> Contributor address; City; State; Zip Code 1520 Greenwood, El Paso, TX 79925	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Spirits Sales		Contributor's job title Public Relations Manager	
Contributor's employer/law firm Dos Lunas Spirits, LLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alicia Flores</b> Contributor address; City; State; Zip Code 10905 George Archer	Amount of contribution (\$) 60.00	In-kind contribution description(if applicable)
Contributor's principal occupation Spirits Sales		Contributor's job title Accounting	
Contributor's employer/law firm Dos LUnas Spirits, LLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Richard "Rick" Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold & Luisa Olivo	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 6924 La Cadena, El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation N/A		10 Contributor's job title Retired	
11 Contributor's employer/law firm N/A		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Scott Ferguson	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1503 Rocky Bluff, El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Herrera	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 245 Ferrari, El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Richard "Rick" Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Holmes 6 Contributor address; City; State; Zip Code 493 Timber Oaks, El Paso, TX 79932	7 Amount of contribution (\$) 150.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation N/A		10 Contributor's job title Retired	
11 Contributor's employer/law firm N/A		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Duncan Contributor address; City; State; Zip Code 7017 Desert Canyon, El Paso, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Education		Contributor's job title Teacher	
Contributor's employer/law firm YISD		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor & Rafael Salas Contributor address; City; State; Zip Code 1500 Montana Ave., El Paso, TX 79902	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Salas & Salas, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Richard "Rick" Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Jackson	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 5140 Montana Ave., El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Hospitality		10 Contributor's job title President	
11 Contributor's employer/law firm Pro Hospitality Services, Inc.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
4/2/09 <sup>Date</sup>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel Rosenbaum	Amount of contribution (\$) 300.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 405 Valplano, El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation N/A		Contributor's job title Retired	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
4/2/09 <sup>Date</sup>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Teresa Cogan	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code Stone Edge, El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Engineering		Contributor's job title Engineer	
Contributor's employer/law firm unknown		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Richard "Rick" Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodolfo Romero	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 2507 Montana Ave., El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Law		10 Contributor's job title Attorney at Law	
11 Contributor's employer/law firm Self-Employed		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Olivares, MD	Amount of contribution (\$) 200.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code Quinta Real Ct., El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Medicine		Contributor's job title Medical Doctor	
Contributor's employer/law firm Las Palmas Hospital		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Ortiz	Amount of contribution (\$) 1,000.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code Rio Grande, El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J):	
<b>2</b> FILER NAME Richard "Rick" Olivo		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 4/4/09	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul O. Sargent, Jr. <b>6</b> Contributor address; City; State; Zip Code 6006 N. Mesa St., Suite 110, El Paso, TX 79912	<b>7</b> Amount of contribution (\$) 100.00	<b>8</b> In-kind contribution description(if applicable)
<b>9</b> Contributor's principal occupation Law		<b>10</b> Contributor's job title Attorney at Law	
<b>11</b> Contributor's employer/law firm Self-Employed		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			
4/2/09 Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Municipal Police Officers' Association Contributor address; City; State; Zip Code 747 E. San Antonio, El Paso, TX 79901	Amount of contribution (\$) 2,500.00	In-kind contribution description(if applicable)
Contributor's principal occupation N/A		Contributor's job title N/A	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME: **Richard "Rick" Olivo** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/2/09</b>	5 Payee name <b>Gonzalo's G&amp;R Mexican Restaurant</b>	7 Amount (\$) <b>\$242.91</b>
	6 Payee address; City; State; Zip Code <b>401 Nevada, El Paso, TX 79902</b>	

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <span style="float: right;">1</span>
2 FILER NAME Richard "Rick" Olivo		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/2/09	5 Payee name 4imprint 6 Payee address; City; State; Zip Code 101 Commerce St., Oshkosh, WI 54901 7 Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$)  \$667.29  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
3/30/09	Payee name AUS Services Payee address; City; State; Zip Code 3030 Mills St., El Paso, TX 79901 Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$)  \$485.95  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended

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